

FILED WITH LRC TIME: <u>11 am</u> MAY 12 2017 <i>Emily B Caudill</i> REGULATIONS COMPILER

1 CABINET FOR HEALTH AND FAMILY SERVICES

2 Office of Health Policy

3 (Amendment)

4 900 KAR 7:030. Data reporting by health care providers.

5 RELATES TO: KRS Chapter 13B, 216.2920, 216.2925, 216.2927, 304.14-135[-
6 216.2929]

7 STATUTORY AUTHORITY: KRS 216.2923(3), 216.2925

8 NECESSITY, FUNCTION, AND CONFORMITY: KRS 216.2925 requires that the
9 Cabinet for Health and Family Services promulgate administrative regulations requiring
10 specified health care providers to provide the cabinet with data on cost, quality, and
11 outcomes of health care services provided in the commonwealth. KRS 216.2923(3)
12 authorizes the cabinet to promulgate administrative regulations to impose fines for failure
13 to report required data. This administrative regulation establishes the required data
14 elements, forms, and timetables for submission of data to the cabinet and fines for
15 noncompliance.

16 Section 1. Definitions. (1) "Ambulatory facility" is defined by KRS 216.2920(1).

17 (2) "Cabinet" is defined by KRS 216.2920(2).

18 (3) "Coding and transmission specifications", "Kentucky Inpatient and Outpatient
19 Data Coordinator's Manual for Hospitals", or "Kentucky Data Coordinator's Manual for
20 Ambulatory Facilities" means the document containing the technical directives the cabinet
21 issues concerning technical matters subject to frequent change, including codes and data

1 for uniform provider entry into particular character positions and fields of the standard
2 billing form and uniform provider formatting of fields and character positions for purposes
3 of electronic data transmissions.

4 (4) "Hospital" is defined by KRS 216.2920(6).

5 (5) "Hospitalization" means the inpatient medical episode identified by a patient's
6 admission date, length of stay, and discharge date, that is identified by a provider-
7 assigned patient control number unique to that inpatient episode, except for[:

8 ~~(a) Inpatient services a hospital may provide in swing, nursing facility, skilled,~~
9 ~~intermediate or personal care beds; or~~

10 ~~(b)] hospice care.~~

11 (6) "National Provider Identifier" or "NPI" means the unique identifier assigned by
12 the Centers for Medicare and Medicaid Services to an individual or entity that provides
13 health care services and supplies.

14 (7) "Outpatient services" means services performed on an outpatient basis in a
15 hospital in accordance with Section 3(2) of this administrative regulation or services
16 performed on an outpatient basis by an ambulatory facility in accordance with Section 4
17 of this administrative regulation.

18 (8) "Provider" means a hospital, ambulatory facility, clinic, or other entity of any
19 nature providing hospitalizations, mammograms, or outpatient services as defined in the
20 Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals or the
21 Kentucky Data Coordinator's Manual for Ambulatory Facilities.

22 (9) "Record" means the documentation of a hospitalization or outpatient service in
23 the format prescribed by the Kentucky Inpatient and Outpatient Data Coordinator's

1 Manual for Hospitals or the Kentucky Data Coordinator's Manual for Ambulatory Facilities
2 as approved by the Statewide Data Advisory Committee on a computer readable
3 electronic medium.

4 (10) "Standard Billing Form" means the uniform health insurance claim form
5 pursuant to KRS 304.14-135, the Professional 837 (ASC X12N 837) format, the
6 Institutional 837 (ASC X12N 837) format, or its successor as adopted by the Centers for
7 Medicare and Medicaid Services, or the HCFA 1500 for use by hospitals and other
8 providers in billing for hospitalizations and outpatient services.

9 Section 2. Medicare Provider-Based Entity. A licensed outpatient facility that is a
10 Medicare provider-based entity of a hospital and reports under the hospital's provider
11 number shall be separately identifiable through a facility-specific NPI.

12 Section 3. Data Collection for Hospitals. (1) Inpatient hospitalization records. A
13 hospital shall document every hospitalization it provides on a Standard Billing Form and
14 shall, for ~~from~~ every record, copy and provide to the cabinet the data specified in Section
15 12 of this administrative regulation.

16 (2) Outpatient services records.

17 (a) A hospital shall document on a Standard Billing Form the outpatient services it
18 provides and shall for ~~from~~ every record, copy and provide to the cabinet the data
19 specified in Section 12 of this administrative regulation.

20 (b) A hospital shall submit records that contain the required outpatient services
21 procedure codes specified in the Kentucky Inpatient and Outpatient Data Coordinator's
22 Manual for Hospitals.

23 (3) Data collection on patients. A hospital shall submit required data on every

1 patient as provided in Section 12 of this administrative regulation, regardless of the
2 patient's billing or payment status.

3 Section 4. Data Collection for Ambulatory Facilities. (1) Outpatient services
4 records.

5 (a) An ambulatory facility shall submit outpatient services records if the ambulatory
6 facility provides one (1) or more of the following outpatient services:

7 1. Surgery;

8 2. Childbirth;

9 3. Urgent treatment of minor illness or injury;

10 4. Emergency;

11 5. Mammography;

12 6. X-ray;

13 7. Ultrasound;

14 8. Computed tomography;

15 9. Magnetic resonance imaging;

16 10. Cardiac catheterization;

17 11. Positron emission tomography; and

18 12. Megavoltage radiation therapy.

19 (b) An ambulatory facility shall document on a Standard Billing Form the
20 outpatient services it provides and shall, for every record, copy and provide to the
21 cabinet the data specified in Section 13 of this administrative regulation.

22 An ambulatory facility shall document on a Standard Billing Form the outpatient services
23 it provides and shall, for every record, copy and provide to the cabinet the data specified

1 in Section 13 of this administrative regulation.

2 (c)[(b)] An ambulatory facility shall submit records that contain the required
3 outpatient services procedure codes specified in the Kentucky Data Coordinator's Manual
4 for Ambulatory Facilities.

5 (2) Data collection on patients. An ambulatory facility shall submit required data on
6 every patient as provided in Section 13 of this administrative regulation, regardless of the
7 patient's billing or payment status.

8 Section 5. Data Finalization and Submission by Providers. (1) Submission of final
9 data.

10 (a) Data shall be final for purposes of submission to the cabinet as soon as a record
11 is sufficiently final that the provider could submit it to a payer for billing purposes,
12 regardless of whether the record has actually been submitted to a payer.

13 (b) Finalized data shall not be withheld from submission to the cabinet on grounds
14 that it remains subject to adjudication by a payer.

15 (c) Data on a hospitalization shall not be submitted to the cabinet before a patient
16 is discharged and before the record is sufficiently final that it could be used for billing.

17 (2) Data submission responsibility.

18 (a) If a patient is served by a mobile health service, specialized medical technology
19 service, or another situation by which[where] one (1) provider provides services under
20 contract or other arrangement with another provider, responsibility for providing the
21 specified data to the cabinet shall reside with the provider that bills for the service or would
22 do so if a service is unbilled.

23 (b) Charges for physician services provided within a hospital shall be reported to

1 the cabinet.

2 1. Responsibility for reporting the physician charge data shall rest with the hospital
3 if the physician is an employee of the hospital.

4 2. A physician charge contained within a record generated by a hospital shall be
5 clearly identified in a separate field within the record so that the cabinet may ensure
6 comparability when aggregating data with other hospital records that do not contain
7 physician charges.

8 (3) Transmission of records.

9 (a) Records submitted to the cabinet by a hospital shall be uniformly completed
10 and formatted according to coding and transmission specifications set forth by the
11 Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals.

12 (b) Records submitted to the cabinet by an ambulatory facility shall be uniformly
13 completed and formatted according to coding and transmission specifications set forth by
14 the Kentucky Data Coordinator's Manual for Ambulatory Facilities.

15 (c) Each provider shall submit data by electronic transmission as specified by the
16 Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals and the
17 Kentucky Data Coordinator's Manual for Ambulatory Facilities.

18 (d) Each provider shall provide back-up security against accidental erasure or loss
19 of the data until all incomplete or inaccurate records identified by the cabinet have been
20 corrected and resubmitted.

21 (4) Verification and audit trail for electronic data submissions.

22 (a) Each provider shall maintain a date log of data submissions and the number of
23 records contained in each submission, and shall make the log available for inspection

1 upon request by the cabinet.

2 (b) The cabinet shall, within twenty-four (24) hours of submission, verify by
3 electronic message to each provider the receipt of the provider's data transmissions and
4 the number of records in each transmission.

5 (c) A provider shall immediately notify the cabinet of a discrepancy between the
6 provider's data ~~[date]~~ log and a verification notice.

7 Section 6. Data Submission Timetable for Providers. (1) Quarterly submissions.
8 Each provider shall submit data at least once for each calendar quarter. A quarterly
9 submission shall:

10 (a) Contain data that~~[-which]~~ during that quarter became final as specified in
11 Section 5(1) of this administrative regulation; and

12 (b) Be submitted to the cabinet not later than forty-five (45) days after the last day
13 of the quarter.

14 1. If the 45th day falls on a weekend or holiday, the submission due date shall be
15 the next working day.

16 2. Calendar quarters shall be January 1 through March 31, April 1 through June
17 30, July 1 through September 30, and October 1 through December 31.

18 (2) Submissions more frequent than quarterly. A provider may submit data after
19 records become final as specified in Section 5(1) of this administrative regulation and at
20 a reasonable frequency convenient to a provider for accumulating and submitting batch
21 data.

22 Section 7. Data Corrections for Providers. (1) Editing. Data received by the cabinet
23 shall, upon receipt, be edited to ensure completeness and validity of the data. Computer

1 editing routines shall identify for correction every record in which the submitted contents
2 of required fields are not consistent with the cabinet's coding and transmission
3 specifications contained in the Kentucky Inpatient and Outpatient Data Coordinator's
4 Manual for Hospitals and the Kentucky Data Coordinator's Manual for Ambulatory
5 Facilities.

6 (2) Submission of corrections. The cabinet shall allow a provider thirty (30) days in
7 which to submit corrected copies of initially submitted data the cabinet identifies as
8 incomplete or invalid as a result of edits.

9 (a) The thirty (30) days shall begin on the date of the cabinet's notice informing the
10 provider that corrections are required.

11 (b) A provider shall submit to the cabinet corrected data by electronic transmission
12 within thirty (30) days.

13 (c) Corrected data submitted to the cabinet shall be uniformly completed and
14 formatted according to the cabinet's coding and transmission specifications contained in
15 the Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals and the
16 Kentucky Data Coordinator's Manual for Ambulatory Facilities.

17 (3) Percentage error rate.

18 (a) ~~If~~When editing data upon its initial submission, the cabinet shall identify and
19 return to the provider for correction every record in which one (1) or more of the required
20 data elements fails to pass the edit.

21 (b) ~~If~~When editing data that a provider has submitted, the cabinet shall check for
22 an error rate per quarter of no more than one (1) percent of records or not more than ten
23 (10) records, whichever is greater.

1 (c) The cabinet may return for further correction any submission of allegedly
2 corrected data in which the provider fails to achieve a corrected error rate per quarter of
3 no more than one (1) percent of records or not more than ten (10) records, whichever is
4 greater.

5 Section 8. Fines for Noncompliance for Providers. (1) A provider failing to meet
6 quarterly submission guidelines as established in Sections 6 and 7 of this administrative
7 regulation shall be assessed a fine of \$500 per violation.

8 (2) The cabinet shall notify a noncompliant provider by certified mail, return receipt
9 requested, of the documentation of the reporting deficiency and the assessment of the
10 fine.

11 (3) A provider shall have thirty (30) days from the date of receipt of the notification
12 letter to pay the fine, which shall be made payable to the Kentucky State Treasurer and
13 sent by certified mail to the Kentucky Cabinet for Health and Family Services, Office of
14 Health Policy, 275 East Main Street 4 W-E, Frankfort, Kentucky 40621.

15 (4) Fines during a calendar year shall not exceed \$1,500 per provider.

16 Section 9. Extension or Waiver of Data Submission Timelines. (1) A provider
17 experiencing extenuating circumstances or a hardship may request from the cabinet, in
18 writing, a data submission extension or waiver.

19 (a) A provider shall request an extension or waiver from the Office of Health Policy
20 on or before the last day of the data reporting period to receive an extension or waiver for
21 that period.

22 (b) An extension or waiver shall not exceed a continuous period of greater than six
23 (6) months.

(2) The cabinet shall consider the following criteria in determining whether to grant an extension or waiver:

(a) Whether the request was made due to an event beyond the provider's control, such as a natural disaster, catastrophic event, or theft of necessary equipment or information;

(b) The severity of the event prompting the request; and

(c) Whether the provider continues to gather and submit the information necessary for billing.

(3) A provider shall not apply for more than three (3) extensions or waivers during a calendar year.

Section 10. Appeals for Providers. (1) A provider notified of its noncompliance and assessed a fine pursuant to Section 8(1) of this administrative regulation shall have the right to appeal within thirty (30) days of the date of the notification letter.

(a) If the provider believes the action by the cabinet is unfair, without reason, or unwarranted, and the provider wishes to appeal, the provider[it] shall appeal in writing to the Secretary of the Cabinet for Health and Family Services, 5th Floor, 275 East Main Street, Frankfort, Kentucky 40621.

(b) An appeal shall be filed in accordance with KRS Chapter 13B.

(2) Upon receipt of the appeal, the secretary or designee shall issue a notice of hearing no later than twenty (20) days before the date of the hearing. The notice of the hearing shall comply with KRS 13B.050. The secretary shall appoint a hearing officer to conduct the hearing in accordance with KRS Chapter 13B.

(3) The hearing officer shall issue a recommendation in accordance with KRS

1 13B.110. Upon receipt of the recommended order, following consideration of any
2 exceptions filed pursuant to KRS 13B.110(4), the secretary shall enter a final decision
3 pursuant to KRS 13B.120.

4 Section 11. Working Contacts for Providers. (1) On or before the last day of the
5 data reporting period, a provider shall report by electronic transmission to the cabinet the
6 names and telephone numbers of a designated contact person and one (1) back-up
7 person to facilitate technical follow-up in data reporting and submission.

8 (a) A provider's designated contact and back-up shall not be the chief executive
9 officer unless no other person employed by the provider has the requisite technical
10 expertise.

11 (b) The designated contact shall be the person responsible for review of the
12 provider's data for accuracy prior to the publication by the cabinet.

13 (2) If the chief executive officer, designated contact person, or back-up person
14 changes during the year, the name and telephone number of the replacing person shall
15 be reported immediately to the cabinet.

16 Section 12. Required Data Elements for Hospitals. ~~[(4)]~~ A hospital shall ensure that
17 each record submitted to the cabinet contains ~~[at least]~~ the data elements identified in the
18 Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals. ~~[this section~~
19 ~~and as provided on the Standard Billing Form.~~

20 ~~(2) A single asterisk identifies elements that shall not be blank and shall contain~~
21 ~~data or a code as specified in the cabinet's coding and transmission specifications~~
22 ~~contained in the Kentucky Inpatient and Outpatient Data Coordinator's Manual for~~
23 ~~Hospitals.~~

1 ~~(3) Double asterisks identify elements that shall not be blank if present on the~~
2 ~~record and shall contain data or a code as specified in the cabinet's coding and~~
3 ~~transmission specifications contained in the Kentucky Inpatient and Outpatient Data~~
4 ~~Coordinator's Manual for Hospitals.~~

5 ~~(4) Additional data elements, as specified in the Kentucky Inpatient and Outpatient~~
6 ~~Data Coordinator's Manual for Hospitals, shall be required by the cabinet to facilitate~~
7 ~~proper collection and identification of data.~~

Required	DATA ELEMENT LABEL
Yes	*Provider Assigned Patient Control Number
Yes	**Provider Assigned Medical Record Number
Yes	*Type of Bill (inpatient, outpatient or other)
Yes	**Federal Tax Number or Employer Identification Number (EIN)
Yes	*Facility specific NPI
Yes	*Statement Covers Period
Yes	*Patient City and Zip Code
Yes	*Patient Birth date
Yes	*Patient Sex
Yes	*Admission/Start of Care Date

Yes	**Admission Hour
Yes	*Type of Admission
Yes	*Source of Admission
Yes	*Patient Status (at end of service or discharge)
No	Occurrence Codes & Dates
Yes	**Value Codes and Amounts, including birth weight in grams
Yes	*Revenue Codes/Groups
Yes	*HCPCS/Rates/Hipps — Rate Codes
Yes	*Units of Service
Yes	*Total Charges by Revenue Code Category
Yes	*Payer Identification — Payer Name
Yes	*National Provider Identifier
Yes	*Diagnosis Version Qualifier — ICD version 9.0 or 10.0
Yes	*Principal Diagnosis Code
Yes	*Principal Diagnosis Code present on admission identifier

	for non-Medicare claims
Yes	*Principal Diagnosis Code present on admission identifier for Medicare claims
Yes	**Secondary and Other Diagnosis Codes
Yes	**Secondary and Other Diagnosis code present on admission identifier for non-Medicare claims
Yes	**Secondary and Other Diagnosis code present on admission identifier for Medicare claims
Yes	*Inpatient Admitting Diagnosis
Yes	**Outpatient reason for visit
Yes	*External Cause of Injury Code (E-code) if present
Yes	*External Cause of Injury (E-code) present on admission identifier on non-Medicare claims if present
Yes	*External Cause of Injury (E-

	code) present on admission identifier on Medicare claims if present]
Yes	*Principal Procedure Code & Date if present
Yes	**Secondary and Other Procedure Codes & Date if present
Yes	*Attending Physician NPI/QUAL/ID
Yes	*Operating Clinician ID Number/NPI
Yes	**Other Physician NPI/QUAL/ID
Yes	*Race
Yes	*Ethnicity]

1 Section 13. Required Data Elements for Ambulatory Facilities. ~~[(4)]~~ An ambulatory
2 facility shall ensure that each record submitted to the cabinet contains ~~[at least]~~ the data
3 elements identified in the Kentucky Data Coordinator's Manual for Ambulatory Facilities.
4 ~~[this section and as provided on the Standard Billing Form.~~

5 ~~(2) A single asterisk identifies elements that shall not be blank and shall contain~~
6 data
7 ~~or a code as specified in the cabinet's coding and transmission specifications contained~~
8 ~~in the Kentucky Data Coordinator's Manual for Ambulatory Facilities.~~

1 (3) ~~Double asterisks identify elements that shall not be blank if present on the~~
2 ~~record and shall contain data or a code as specified in the cabinet's coding and~~
3 ~~transmission specifications contained in the Kentucky Data Coordinator's Manual for~~
4 ~~Ambulatory Facilities.~~

5 (4) ~~Additional data elements, as specified in the Kentucky Data Coordinator's~~
6 ~~Manual for Ambulatory Facilities, shall be required by the cabinet to facilitate proper~~
7 ~~collection and identification of data.~~

Required	DATA ELEMENT LABEL
Yes	*Patient Birth date
Yes	*Patient Sex
Yes	*Zip Code
Yes	*1st Individual Payer ID#
Yes	*Admission/Start of Care Date
Yes	*Type of Bill
Yes	*Principal Diagnosis Code
Yes	**Secondary and Other Diagnosis Codes if present
Yes	*Principal Procedure Code & Date
Yes	**Secondary and Other Procedure Codes & Date if present
Yes	*1st Units of Service

Yes	*1st Charge
Yes	**Secondary and Other Units of Service and Charge
Yes	*Total Charges for the Case
Yes	*Attending Clinician NPI
Yes	*Provider Assigned Patient ID#
Yes	**1st Insurer Group #
Yes	**2nd Insurer Group #
Yes	*Operating Clinician NPI
Yes	*Billing Facility specific NPI
Yes	**Federal Tax Number or Employer Identification Number (EIN)
Yes	*Statement Covers Period
Yes	*Primary Payer Name
Yes	**Secondary Payer Name
Yes	*Race
Yes	*Ethnicity
Yes	*HCPCS/Rates/Hipps Rate Codes]

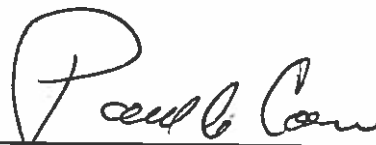
- 1 Section 14. Incorporation by Reference. (1) The following material is incorporated
- 2 by reference:
- 3 (a) "Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals",

1 revised October 1, 2017~~[2015]~~; and

2 (b) "Kentucky Data Coordinator's Manual for Ambulatory Facilities," revised
3 October 1, 2015.

4 (2) This material may be inspected, copied, or obtained, subject to applicable
5 copyright law, at the Cabinet for Health and Family Services, 275 East Main Street 4WE,
6 Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.

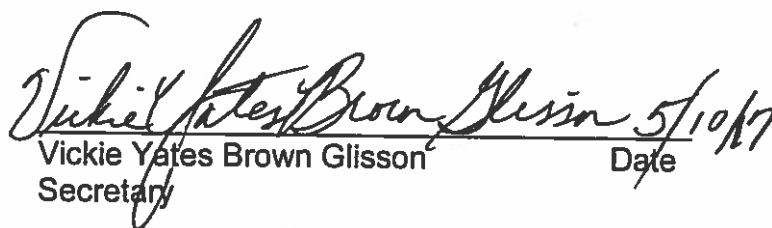
900 KAR 7:030



Paul A. Coomes
Executive Director
Office of Health Policy

4/18/17
Date

APPROVED:



Vickie Yates Brown Glisson
Secretary

5/10/17
Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD:

A public hearing on this administrative regulation shall, if requested, be held on June 21, 2017 at 9:00 a.m. in Conference Suite B, Health Services Building, First Floor, 275 East Main Street, Frankfort, Kentucky 40621. Individuals interested in attending this hearing shall notify this agency in writing by June 14, 2017, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. The hearing is open to the public. Any person who attends will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to attend the public hearing, you may submit written comments on the proposed administrative regulation. You may submit written comments regarding the proposed administrative regulation until June 30, 2017. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to:

CONTACT PERSON: Tricia Orme, Administrative Specialist, Office of Legal Services, 275 East Main Street 5 W-B, Frankfort, KY 40621, Phone: (502) 564-7905, Fax: (502) 564-7573, email address: tricia.orme@ky.gov

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation: 900 KAR 7:030
Contact Person: Diona Mullins, Executive Advisor
Office of Health Policy
Email: diona.mullins@ky.gov
Phone: 502-564-9592

Tricia Orme
Office of Legal Services
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(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the requirements for submission of administrative claims data to the Cabinet and instructs specified health care providers on the process necessary to submit copies of administrative claims data to the Cabinet.

(b) The necessity of this administrative regulation: This administrative regulation is necessary so that health care providers have a uniform mechanism with timeframes and instructions with which to submit the required data. The administrative regulation contains the updated data submission manual for hospitals.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation is necessary to ensure that health care providers have a uniform mechanism with timeframes and instructions with which to submit the required data to enable the Cabinet to publish the data and reports as required by KRS 216.9295.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation provides detailed instructions to specified health care providers relating to the data elements, forms and timetables necessary to comply with the statute.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: The administrative regulation has been revised to allow the collection of hospital claims data for swing beds, nursing facility beds, distinct part unit rehabilitation beds, primary care physician NPI number, referring physician NPI number and updated Kentucky Birth Surveillance Registry ICD 10 Codes. A revision was made to clarify that only ambulatory facilities providing specific services will be required to submit all records.

(b) The necessity of the amendment to this administrative regulation: This amendment is necessary to ensure accuracy and standardization of the submitted data.

(c) How the amendment conforms to the content of the authorizing statutes: The amendment conforms to the content of the authorizing statute by providing a standardized method of reporting by hospitals and ambulatory care facilities.

(d) How the amendment will assist in the effective administration of the statutes: The proposed amendment will assist in the effective administration of the statutes by

providing a standardized method of reporting by hospitals and ambulatory care facilities.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: The amendment affects the licensed health facilities and services required to submit claims data.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Providers required to submit data will follow the revised hospital manual for revised instructions on data submissions.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): No additional costs will be incurred to comply with this administrative regulation.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Data integrity is improved as we are able to collect hospital swing and nursing facility data as well as other revised data elements.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: No additional costs will be incurred to implement this administrative regulation. The Cabinet currently collects data and has the necessary data collection system in place.

(b) On a continuing basis: No additional costs will be incurred.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: The source of funding for the implementation and enforcement of this administrative regulation will be the Office of Health Policy's existing budget. No new funding will be needed to implement this administrative regulation.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: No fee or funding increase is necessary to implement this administrative regulation.

(8) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: The administrative regulation does not establish or increase any fees.

(9) TIERING: Is tiering applied? (explain why or why not) Tiering is not appropriate in this administrative regulation because the administrative regulation applies equally to all those individuals or entities regulated by it.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Administrative Regulation Number: 900 KAR 7:030

Contact Person: Diona Mullins, Executive Advisor, Office of Health Policy, Email: diona.mullins@ky.gov, Phone: 502-564-9592

Tricia Orme, Administrative Specialist, Office of Legal Services, e-mail: tricia.orme@ky.gov, Phone: 502-564-7905

1. What units, parts or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? This administrative regulation impacts the Office of Health Policy and may impact any government owned or controlled hospital or ambulatory care facility.

2. Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 216.2923(3) and 216.2925.

3. Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? This administrative regulation will not generate revenue for state or local government.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? This administrative regulation will not generate revenue for state or local government.

(c) How much will it cost to administer this program for the first year? No additional costs will be incurred to implement this administrative regulation.

(d) How much will it cost to administer this program for subsequent years? No additional costs will be incurred to implement this administrative regulation on a continuing basis.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):

Expenditures (+/-):

Other Explanation:

CABINET FOR HEALTH AND FAMILY SERVICES

Office of Health Policy

COMMONWEALTH OF KENTUCKY

900 KAR 7:030. Data reporting by health care providers.

Summary of Material Incorporated by Reference

"Kentucky Inpatient and Outpatient Data Coordinator's Manual for Hospitals", revised October 1, 2017. Changes include:

- **Swing bed records (Identify in KY IPOP with Facility NPI Number)**
- **Physical Rehabilitation Distinct Part Unit- Separate File Submission (Identify in KY IPOP with Facility NPI Number)**
- **Patient's Primary Care Physician NPI Number- change current Data Element 1st Other Clinician NPI Number to require Primary Care Physician NPI Number**
- **Referring Physician NPI Number= change current Data Element 2nd Other Clinician NPI Number to Require Referring Physician NP Number**
- **Update Kentucky Birth Surveillance Registry ICD 10 Diagnosis Codes for collection**

Total number of pages -165

The total number of pages incorporated by reference in this administrative regulation is 165.